



04-04-01

GALI 1632\$

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09 / 316,935
	Filing Date	May 22, 1999
	First Named Inventor	Cornelius MELIEF
	Group Art Unit	1632
	Examiner Name	A. Beckerley
Total Number of Pages in This Submission	Attorney Docket Number	TNX 98-4

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APR 06 2001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Tanox, Inc.
Signature	Cheryl Lylestrand
Date	April 3, 2001

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 3, 2001	
Typed or printed name	Cheryl A. Lylestrand
Signature	Cheryl Lylestrand
Date	4/3/01

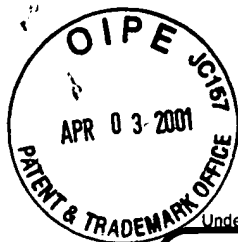
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PTO/SB/17 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

## Complete if Known

Application Number 09/316,935  
Filing Date May 22, 1999  
First Named Inventor Cornelius MELIEF  
Examiner Name A. Becker/eg  
Group Art Unit 1632  
Attorney Docket No. TNX 98-4

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 20-0087  
Deposit Account Name Tanox, Inc.

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355			Utility filing fee	
106	320	206	160			Design filing fee	
107	490	207	245			Plant filing fee	
108	710	208	355			Reissue filing fee	
114	150	214	75			Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES

Total Claims  -20\*\* =  X  =   
Independent Claims  - 3\*\* =  X  =   
Multiple Dependent  =

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9			Claims in excess of 20
102	80	202	40			Independent claims in excess of 3
104	270	204	135			Multiple dependent claim, if not paid
109	80	209	40			** Reissue independent claims over original patent
110	18	210	9			** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for ex parte reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	390	216	195			Extension for reply within second month	
117	890	217	445			Extension for reply within third month	445.00
118	1,390	218	695			Extension for reply within fourth month	
128	1,890	228	945			Extension for reply within fifth month	
119	310	219	155			Notice of Appeal	
120	310	220	155			Filing a brief in support of an appeal	
121	270	221	135			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,240	241	620			Petition to revive - unintentional	
142	1,240	242	620			Utility issue fee (or reissue)	
143	440	243	220			Design issue fee	
144	600	244	300			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Processing fee under 37 CFR 1.17(q)	
126	180	126	180			Submission of Information Disclosure Stmt	180.00
581	40	581	40			Recording each patent assignment per property (times number of properties)	
146	710	246	355			Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355			For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355			Request for Continued Examination (RCE)	
169	900	169	900			Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 5.00

## SUBMITTED BY

Name (Print/Type)	<u>Cheryl A. Liljestrand</u>	Registration No. (Attorney/Agent)	<u>45,275</u>	Telephone	<u>713-578-4182</u>
Signature	<u>Cheryl Liljestrand</u>	Date	<u>4/3/01</u>		

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